

The Indian Society of Medical and Paediatric Oncology

A Trust registered at New Delhi

Dr. Kumar Prabhash, Hon. Secretary, ISMPO.

Secretariat Office: Room No. 22, Floor- 2, Plot-148, Rangwala Building,
Saint Paul Street, Near HindmataTalkies, Dadar (E)

Ph: +91-8097597486 / 7977531764 | Email: ismpossecretary@gmail.com and kprabhash1@gmail.com

Registration under section 12A: Unique Registration Number. AACTT2052PE20218

Registration under section 80(G) of the Income Tax: Unique Registration Number. AACTT2052PF20133

Registration under Goods and Service Tax : GSTIN : 27AACTT2052P1Z3



Associate Membership Application Form

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Editor-in-Chief
Dr. Seema Gulia
Mumbai

First Name _____ **Middle Name** _____ **Last Name** _____

Age _____ **Sex** _____ **Date of Birth** _____

Address (Res.) _____ **Address (Clinic)** _____

City: _____ **City:** _____

State: _____ **State:** _____

Pin: _____ **Pin:** _____

Tel: _____ **Tel:** _____

Mobile: _____ **Email:** _____

Institution/ Hospital Affiliations (Teaching / Non-Teaching) _____

Title: _____

Qualification and year of acquiring of it _____

Preferred Address for Correspondence: Home / Office / Clinic (please specify one)

Life Membership (India) fee of Rs. 5000/- to be paid by NEFT

Associate Life Membership fee of Rs. 1000/- to be paid by NEFT

NEFT Transaction Details

HDFC Bank

Account Name: Indian Society of Medical and Paediatric Oncology

Account No: 50200001602442

Address: 386, Veer Savarkar Marg, Opp. Siddhivinayak Temple, Prabhadevi, Mumbai – 400025
RTGS / NEFT IFSC : HDFC0000012

Date of transfer: _____ NEFT Transaction ID: _____

• **Website:** <http://www.ismpo.org/>

• **For Journal related correspondence:** editor@ijmpo.org or editorijmpo@gmail.com or
<https://www.ijmpo.org>

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Attachment Required: DM/DNB Oncology Certificate / Others (Please Specify):

Email the membership form, transaction details along with degree certificate on ismposecretary@gmail.com

1. I am aware that only medical oncologists are eligible for full membership.
2. Associate life members consist of qualified medical persons as well as scientists not actually practicing medical & paediatric oncology.
3. Younger Physicians intending to specialize in oncology also may become associate life members.
4. I understand that submission of the membership application form and the membership dues does not automatically make me eligible to be a member. Decision of the executive committee and general body of ISMPO will be final binding.
5. I agree to comply with and uphold ISMPO constitution and byelaws.
6. Continuation of membership will require my ongoing commitment and active contribution to the activities of ISMPO.
7. I hereby confirm that the attached certificate provided along with this application is genuine.

Signature: _____ Date: _____ Place: _____

Proposed by: _____ Seconded by: _____

Date: _____ Date: _____

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